



Information Bulletin for Primary Care Network Providers



October 2002

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BULLETINS BY TYPE OF SERVICE PCN Providers

* All PCN Providers	02-126, 127, 137
Laboratory	02-133
Medical Suppliers	02-134
Optometrist	02-136
Pharmacy	02-135
Physician	02-128, 129, 130, 131, 132, 133, 134, 135

* All PCN Providers include the following:

ambulance	medical supplier	pharmacy	group practice	rural health
dentist	optometrist	physician	public health	center
hospital	osteopath	FQHC	clinic	

World Wide Web: <http://health.utah.gov/pcn> and www.health.state.ut.us/medicaid

PCN Information

- Salt Lake City area, call 538-6155.
- In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free 1-800-662-9651.
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02 - 126 Updating the Utah Primary Care Network Provider Manual

The Utah Primary Care Network Provider Manual will be updated by PCN Bulletins, typically issued quarterly with the Medicaid Information Bulletin. Providers of Primary Care Network services are responsible for compliance with PCN policy and requirements as set forth in the Provider Agreement, the Utah Primary Care Network Provider Manual, and PCN Bulletins.

The Utah Primary Care Network Provider Manual, formerly called the Utah Provider Manual for Primary Care Plan, was issued in July 2002. It is published on-line at www.health.state.ut.us/medicaid/pcn.pdf. When information in the manual is updated, the on-line version will also be updated. Providers can obtain a copy of an updated page, or the entire PCN Manual, by using the web site or by contacting Medicaid Information. When pages are updated, the revision date appears at the top of the page. The change is typically marked in the left margin of the page with a vertical line.

There is a link to the PCN Manual on the Medicaid Provider's web site:
www.health.state.ut.us/medicaid/html/provider.html. The link is at the bottom of the Provider's web page. ■

02 - 127 Primary Care Network Providers Defined

The PCN Manual, Chapter 2, Scope of Service, (page 4) is updated to list the providers who are authorized to provide physician services to eligible clients in this program. Providers of Primary Care service are limited to those who are prepared in:

Family Practice,
General Practice,
Internal Medicine,
Obstetrics and Gynecology, and
Pediatrics.

In addition, providers of physician services in Federally Qualified Health Centers, Rural Health clinics, Local Health Department clinics, and Health Clinics of Utah can provide service based on the scope of service and codes developed for the Primary Care Network program.

Also, the PCN Benefit Chart is updated. Under "Type of Service - Physician," the second column "Benefits" is modified to read "Services by licensed physicians and other providers of physician services for primary care services only." ■

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NOTE: Bulletins 02 - 128 through 02 - 132 describe changes and additions to two lists that are included with the Utah Primary Care Network Provider Manual: "Criteria for Medical and Surgical Procedures" and "Medical and Surgical Procedures" ("CPT Code List"). However, these lists include surgical services which are not covered by the PCN program. Services under the Primary Care Network are limited to those described as covered in the PCN Manual. If covered, then the service is subject to the limitations described on the CPT code list and in the "Criteria for Medical and Surgical Procedures."

02 - 128 Medical Procedures: CPT Codes Covered, Not Covered, or with Limits (62362, 87339, 58953, 58954, 63650, 63655, 87086, 87088, 87338, 92551 - 92596)

The Medical and Surgical Procedures list ("CPT Code List"), an attachment to the Utah Primary Care Network Provider Manual, is updated with the changes listed below.

Coverage Allowed

CPT code 62362, programmable pump, is covered, so it is removed from the list of restricted CPT codes. (Code 62361, non-programmable pump, continues to be non-covered.)

Added as Non-Covered

CPT code 87339, Infectious agent antigen helicobacter pylori, is added as "NOT A BENEFIT". Refer to Bulletin 02 - 131, Helicobacter Pylori: Criteria Added.

Prior Authorization Required

Prior Authorization (PA) is required for CPT codes 58953 and 58954, Bilateral salpingo-oophorectomy with omentectomy. . . . PA may be by telephone. Refer to Criteria for Medical and Surgical Procedures, Criteria #11, Surgical Laparoscopy/Other Medically Necessary Gynecological Procedures. Related ICD.9.CM codes are 65.6 and 65.61.

Added With Criteria

The following CPT codes have criteria or limits. The criteria are explained in separate bulletin articles.

- 63650, Percutaneous implantation of neurostimulator electrode array . . . , and 63655, Laminectomy for implantation of neurostimulator electrodes Refer to Bulletin 02 - 130, Spinal Cord Nerve Stimulation: Neurostimulator Criteria #32 C.
- 87086 and 87088, Culture, bacterial Refer to Bulletin 02 - 132, Urinalysis, Urine Culture: Criteria Added.
- 87338, Helicobacter pylori, stool. Refer to Bulletin 02 - 131, Helicobacter Pylori: Criteria Added.
- 92551 through 92596 for audiometry and other hearing tests are limited to Medicaid clients age 20 and younger and pregnant women.

Medical and Surgical Procedure Codes (CPT) list Updated

If you need a complete, updated copy of the Medical and Surgical Procedure Codes (CPT) list, please contact Medicaid Information. Ask for the October 2002 Medical and Surgical Procedures list in the PCN Manual.

■

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02 - 129 Vagal Neurostimulator for Epilepsy (Criteria #32 A): ICD.9 Codes Added

Two ICD.9 codes which support medical necessity have been added to Criteria #32A, Vagal Neurostimulator for Epilepsy. Refer to the Criteria for Medical and Surgical Procedures list, an attachment to the PCN Manual. The ICD.9 codes are:

- 345.41 Partial epilepsy, with impairment of consciousness, intractable
- 345.51 Partial epilepsy, without mention of impairment of consciousness, intractable

The updated page is page 28. You may download this page from the on-line list Criteria for Medical and Surgical Procedures (www.health.state.ut.us/medicaid/cptcriteria.pdf) or contact Medicaid Information. ■

02 - 130 Spinal Cord Nerve Stimulation: Neurostimulator Criteria #32 C

Conditions for coverage for a spinal cord neurostimulator are added to the Criteria for Medical and Surgical Procedures list, an attachment to the PCN Manual. CPT codes 63650 and 63655 are added to the Medical and Surgical Procedure Codes (CPT) with a reference to Criteria #32 C, Spinal Cord Nerve Stimulation. Prior approval is not required.

The updated page is page 30. You may download this page from the on-line list Criteria for Medical and Surgical Procedures (www.health.state.ut.us/medicaid/cptcriteria.pdf) or contact Medicaid Information. ■

02 - 131 Helicobacter Pylori: Criteria Added

Criteria for coverage of serologic and stool antigen tests for helicobacter pylori are added to the Criteria for Medical and Surgical Procedures list, an attachment to the PCN Manual. Also, CPT code 87338 is changed on the Medical and Surgical Procedures list ("CPT Code List") to add a reference to the new Criteria #37, Helicobacter Pylori. CPT code 87339, Infectious agent antigen helicobacter pylori, is non-covered.

Criteria #37 is on page 39 of the Criteria for Medical and Surgical Procedures list. You can download the page from the on-line list (www.health.state.ut.us/medicaid/cptcriteria.pdf) or contact Medicaid Information. ■

Criteria for Medical and Surgical Procedures List On-line

Find this list on-line by using the link on the Medicaid Provider's web site:

www.health.state.ut.us/medicaid/html/provider.html .

Then go to the SECTION 2 list of manuals.

Or access the list directly at www.health.state.ut.us/medicaid/cptcriteria.pdf.

If you want a printed copy of the list, use the Medicaid Publications Request Form or contact Medicaid Information. Ask for the October 2002 Criteria for Medical and Surgical Procedures list. ■

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02 - 132 Urinalysis, Urine Culture: Criteria Added

Conditions for coverage for a urinalysis or urine culture are added to the Criteria for Medical and Surgical Procedures list, an attachment to the PCN Manual. Also, two CPT codes are added to the Medical and Surgical Procedures list ("CPT Code List") with a reference to Criteria #36, Urinalysis, Urine Culture:

- 87086 Culture, bacterial; quantitative colony count, urine
- 87088 Culture, bacterial; with isolation and presumptive identification of isolates, urine

Criteria #36 is on page 38 of the Criteria for Medical and Surgical Procedures list. You can download the page from the on-line list (www.health.state.ut.us/medicaid/cptcriteria.pdf) or contact Medicaid Information. ■

02 - 133 Acute Hepatitis Panel, Bundling Codes

CPT code 80074, acute hepatitis panel, includes four other codes: 86709, 86705, 87340, and 86803. When three of the four codes are billed, they will be rebundled into the acute hepatitis panel code 80074 for payment.

The PCN Manual, Chapter 2 - 5, Laboratory and Radiology Services, (page 6) is updated to add this information as a new item 4. ■

02 - 134 Durable Medical Equipment and Supplies

The PCN Manual, Chapter 2 - 7, Durable Medical Equipment and Supplies, (page 9) is revised to make the following changes in the list of covered codes.

Open for PCN

Codes listed below are added to the list of covered equipment and supplies under the PCN program:

- A4259, Lancets, per box of 100
- S8490, Insulin syringes (100 syringes, any size)

Closed for PCN

Code A4927, Gloves, Non-Sterile, for dialysis, is non-covered effective 10/1/02. ■

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02 - 135 'Plan B' No Longer Covered

'Plan B', the day-after birth control product, is no longer covered. The company has not signed a rebate agreement. Please remove the reference to Plan B in the Drug Criteria and Limits list, a special attachment to the PCN Manual. The reference, on page 3, is in the section titled "Drugs with Limits (No Prior Authorization)".

On-line Drug List Updated

Page 3 of the on-line Drug Criteria and Limits has been updated to October 2002. An asterisk on page 3 indicates where text was removed. If you need a printed copy, contact Medicaid Information. To find the on-line list, start with the Medicaid Provider's web site:

www.health.state.ut.us/medicaid/html/provider.html.

Then choose the link to the SECTION 2 list of manuals by provider type. Next, on the SECTION 2 list, find the link to the Drug Criteria and Limits list. This list appears under both the pharmacy and the physician manuals.

■

02 - 136 Vision Program: New and Established Patients

Beginning October 1, 2002, the Primary Care Plan will cover vision codes 92004, new patient, comprehensive service, and 92014, established patient, comprehensive, one or more visits. The PCN Manual, Chapter 2 - 10, Vision Care, (page 10), last sentence, is revised to read as follows:

"The following codes are covered: 92002, 92004, 92012, 92014."

■

02 - 137 Primary Care Network Website

The Utah Primary Care Network has a web site at <http://health.utah.gov/pcn/>. The web site contains

- Information on enrollment and benefits
- An on-line application form, in English and in Spanish
- A toll-free telephone number and mailing address
- Frequently Asked Questions, such as
 - What is PCN?
 - Who is eligible for PCN?
 - What are the PCN Income Guidelines?
 - How do I apply?

There is also link on the PCN web site to the Utah Primary Care Network Provider Manual. ■

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